## Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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Email Address:

LLC REGISTERED AGENT CHANGE RAIN FLYING DRESS, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i. Na	me of the limited liability company: Rain Fl	ying Dres	s, LLC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	01/25/22		2000046020
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DEBRO, CARLA		
	Registered Agent and Registered Office shown on the record-	s of the Florida Dept.	of State:
	285 UPTOWN BLVD		
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	<del></del>
	#212		
	ALTAMONTE SPRINGS	F1. 32701	22
(b)	Registered Agents Inc		2022 OCT 17
(0)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:	
	7901 4th St N		TIT A
	NEW Registered Office Address:		
	STE 300		AM 15: 34
	St. Petersburg	FL 33702	
the cha agent v was/we	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membercles of organization or the operating agreement of	s of the registered d liability compa ers of the limited	d office and the business office of the registere ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
6:	Rilling Tale ture of a member or authorized representative of a member		Riley Park Printed or typed name of signee
Lhara	by account the approximant as registered about and	agree to act in th lete performance	his canacity. I further agree to comply with the
the obline in th	on a cept the appointment as registered agent and completes of all statutes relative to the proper and completes of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.  Bill Havre - Assist	vided for in Chap, s, I hereby confir tant Secretary	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent